MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SER 10°/584843

FILING DATE

APPLICANT(S)

	AS F	ILED	AFTER		Al	AFTER 2 MAMENDMENT			AS FILED		AFTER		AFTER	
	IND.	DEP.	·IND.				ł		IND.		1" AME	NDMENT	2 ad AMI	ENDM
1_			1			1 22.	1	51	IND.	DEP.	IND.	DEP.	IND.	D)
3		_4		 _			j	52	1		 -			_
4				+-/	<u> </u>	<u> </u>	ł	_ 53						-
5		4		+- <i></i> -/-,				54						
6		0		+	- 	 		55						-
7		O		1-/-	-			56						
8		0		1	·			57 58	 					
9		\bigcirc		1				59	 					
10 11		رب						60						
12	·	50					:	61						
13		\cup			ļ			62						
14				 \	-			63						
15				1	 			64						
16				\ \ \	 		·	65						
17				1,	-			66 67			T U			
18				1			- 1	68						
19 20	 			1			1	69		7		 		
21							t	70				-		
22								71						
23								72						
24								73						
25							-	74 75						
26 27							ŀ	76						
28							į.	77						
29			·}					78						
30					-			79				-		_
31							-	80						
32							-	81 82						
33 34							-	83						
35					- T P.	13	1,5	84						
36								85						
37								86						
38						·		87						
19							<u> </u>	88						
0						·	 	89						
1							 - -	90 91			$-\Gamma$			
3							-	92					-	
4								93						
5		J	-					94						
6								95						
7	124		-					96	125					
8			-					97						
9								98						
0							-	99						
AL. D.			1					OTAL						
AL		*		▼ _		▼		DND.						Ī.
P.	· 🔸	ı ۱	8		4			OTAL		<u> </u>		*		
MS		7,	1888					DEP.	· · ·	SUGSTREE	(-	
			八臘					AIMS						
- 1360 (RI	TV 11/04										T of COMM			